

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5675 www.wcc.sc.gov



WCC File #: _____

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: _____ SSN: _____

Employer's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Insurance Carrier: _____

Date of Injury: _____

Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: _____

Date of Injury or Illness: _____ **Estimated time for hearing:** _____
Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is **Admitted** **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: _____
2. It is **Admitted** **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is **Admitted** **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is **Admitted** **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: _____
5. It is **Admitted** **Denied** notice of injury was given the employer. The reasons for denial are: _____
6. It is **Admitted** **Denied** the employee **Needs** **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: _____
7. It is **Admitted** **Denied** the employee is entitled to temporary total disability for the period(s) of: _____
8. It is **Admitted** **Denied** the employee is permanently disabled. The reasons for denial are: _____
9. It is **Admitted** **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ _____ applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: _____

Mediation

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is required pursuant to Reg. 67-1802.
- c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____
Address _____ on the ___ day of _____ 20___, by:
first class postage certified mail personal service electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature _____ Title _____ Email _____ Date _____

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.